



We're not talking Tolstoy (or "How the transition to ICD-10 will impact billing")

September 24, 2013 at 0800 ET

September 26, 2013 at 1400 ET

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- If you think you are going to have 45 minutes absolutely packed with changes to billing due to ICD-10,
 - you are in the wrong place
- We're not talking Tolstoy – it is not that difficult

- What Impacts Billing
- A bit about ICD-10-CM
- A bit about ICD-10-PCS
- A bit of time to share jokes
- A bit more time to take a nap
- A bit of time to laugh at silly e-mails...
- Are you bored enough to find out about “Life after TPOCS – Consolidated Billing Event Repository?”

- HIPAA electronic transactions 837I, 837P, NCPDP...
 - But all the updates to the fields to accommodate ICD-10-CM and ICD-10-PCS were done Jan 2013
- HIPAA Healthcare Provider Taxonomy
 - But those were put in place years ago
- National Provider Identifier Type 1 and 2
 - But those were put in place years ago
 - <http://npidb.org/npi/>

- Affordable Care Act
 - Some companies ending coverage of ‘spouses with opportunities to have insurance through other method’
 - Ends Pre-Existing Condition Exclusions for Children: Health plans can no longer limit or deny benefits to children under 19 due to a pre-existing condition.
 - Ends Lifetime Limits on Coverage: Lifetime limits on most benefits are banned for all new health insurance plans.

- Affordable Care Act - PREVENTION

- <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

| Topic | Description | Grade | Recommendation Date |
|--|--|-------|---------------------------|
| Abdominal aortic aneurysm screening: men | The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked. | B | Feb-05 |
| Alcohol misuse: screening and counseling | The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. | B | May 2013* |
| Anemia screening: pregnant women | The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women. | B | May-06 |

- Remittance Advice and Claim Adjustment Codes
 - Again in place for years just like the claim adjustment codes,
 - <http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>
 - <http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>
- CPT/HCPCS for Professional/Outpatient
 - Again in place for years – no changes

- MS-DRG of Inpatient Institutional (Hospital Bills)
 - Again in place for years
 - The Medicare Severity – Diagnosis Related Groups have both the ICD-9-CM codes and ICD-10-CM/PCS codes mapped to the MS-DRG – and whether you use 9 or 10 – they both map to the same MS-DRG.
- National Drug Codes
 - Again in place for years
 - Diagnoses are not even on the NCPDP

- Rates
 - Professional services – still based on CPT which is not changing; the payors are all busy updating their edits so to get paid for diabetic supplies now you need a ICD-9-CM of 249xx or 250xx – soon it will be an ICD-10-CM of E08-E13
 - Institutional services – based on ICD diagnosis and ICD procedure – but these roll up to the MS-DRG and those are staying the same
 - Pharmacy – based on NDC and those are not changing

- Date of Service
 - For services on or before 30 Sept 2014 use the ICD-9-CM
 - For services on or after 1 Oct 2014 use ICD-10-CM and ICD-10-PCS (based on date of discharge – and discharge is usually when you do the coding, not say “I’m admitting this person for pneumonia but plan to have him fall and break his right leg when getting into the wheel chair when we were going to take him to his car...”)

- TPOCS – for electronic billing, the data at the MTF did not ‘answer’ all the billing fields, so the clearing house with DoD input would catch our data, insert certain placeholders, and send a complete claim on its way; after the transition from TPOCS to CBER, CBER will insert much of the data previously entered by the clearing house.

- PATCAT and PATCAT subcategories – for MSA, the PATCAT table is updated as needed. This process remains the same.
- OHI Collection – remains the same
- Standard Insurance Table – remains the same
 - National Plan and Provider Enumeration System (NPPES)
 - Not there yet – but soon (and not related to ICD-10)

- Injury Collection – still linked to diagnosis coding – and the diagnoses are changing!!
- With ICD-9-CM, only the initial encounter at the MTF had an 'E-code' for the external cause of injury
- With ICD-10-CM, the V-W-X-Y-codes are used for ALL (initial and subsequent) encounters related to the external cause of injury
 - Easier to identify ALL the encounters related to the accident

- Medical Affirmative Claims
- In CBER, the laboratory, radiology and pharmacy prescriptions will have the diagnosis that is linked to the order – which will help identify which services are also linked to the initial injury
 - And in ICD-10-CM, most of those will be the same diagnosis as the initial injury (which ends in 'A') only a 'sequela' (which ends in 'S')

- O82 Encounter for cesarean delivery without indication
- Z33.2 Encounter for elective termination of pregnancy
- Z3A.01 Less than 8 weeks gestation of pregnancy
- Z3A.08 8 weeks gestation of pregnancy
- Z3A.09 9 weeks gestation of pregnancy
- Z3A.40 40 weeks gestation of pregnancy
- Z3A.41 41 weeks gestation of pregnancy
- Z3A.42 42 weeks gestation of pregnancy
- Z3A.49 Greater than 42 weeks gestation of pregnancy

- [http://
www.cms.gov/Outreach-and-Education/Medicare-
Learning-Network-MLN/MLNMattersArticles/Down
loads/MM8422.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8422.pdf)
- New as of 07/15/2013
- N589 Coverage is excluded to any person injured as a result of operating a motor vehicle while in an intoxicated condition or while the ability to operate such a vehicle is impaired by the use of a drug.

- Y90.0 **Blood alcohol level** of less than 20 mg/100 ml
- Y90.1 Blood alcohol level of 20-39 mg/100 ml
- Y90.2 Blood alcohol level of 40-59 mg/100 ml
- Y90.3 Blood alcohol level of 60-79 mg/100 ml
- Y90.4 Blood alcohol level of 80-99 mg/100 ml
- Y90.5 Blood alcohol level of 100-119 mg/100 ml
- Y90.6 Blood alcohol level of 120-199 mg/100 ml
- Y90.7 Blood alcohol level of 200-239 mg/100 ml
- Y90.8 Blood alcohol level of 240 mg/100 ml or more

- No more V70.5 4/5/6 for deployment related
 - V70.5 4 Pre-deployment examination
 - V70.5 5 During deployment examination
 - V70.5 6 Post-deployment examination
- Will use
 - Z56.82 Military deployment status
 - Z63.31 Absence of family member due to military deployment
 - Z63.71 Stress on family due to return of family member from military deploy
 - Z91.82 Personal history of military deployment

- Z23 Encounter for immunization
- ~~V57.1 Care Involving Other Physical Therapy~~
- Physical Therapy will usually be coded with just the condition (e.g., pain) and *maybe* with sequela of injury/disease

BOTTOM LINE: Billing is not really impacted by the change to ICD-10-CM

- Follow-up letters – still the same
- Posting collections – still the same
- Writing off accounts receivable – still the same
- Reporting – still the same

- Why – Remember when where you lived had only one area code (no overlaps) and you only had to dial 7 telephone numbers? Same thing for ICD-10-CM, need to expand to cover all the new codes/levels of detail
- Where – USA
- When – 1 Oct 2014
- What – Change from one set of codes based on a set of rules to a new set of codes based on the same rules
- Who – EVERYBODY (except some workman's comp)
- How – All services on or after 1 Oct 2014 will be coded with ICD-10-CM and ICD-10-PCS

- Not much change in the code assignment rules
- Able to collect to a greater level of specificity
 - Laterality (right, left, bilateral)
 - Trimester of pregnancy instead of pregnant/delivery/post pregnant
 - Just about every kind of fracture is specified
 - Salter-Harris Type I, II, III, IV (as if I knew what a Slater-Harris fracture even was), Barton, Smith, displaced, nondisplaced, greenstick, transverse, comminuted, segmental, Galeazzi, Colles, Torus

ICD-9-CM

- 3-5 characters
- 15,000 codes (95% of which retained the same general terminology, just changed the code)
- Usually all characters are numbers, except for V and E codes
- If more than 3 characters, then a decimal before the 4th character

ICD-10-CM

- 3-7 characters
- 75,000 codes (expansion mostly in orthopedics, mental health and OB)
- 1st character is a letter, at this time the 2nd character is a number, and the rest can be either
- If more than 3 characters, then a decimal before the 4th character



Examples of ICD-10-CM and ICD-9-CM Diagnoses

ICD-9-CM

- **001.0** Cholera due to vibrio cholerae
- **001.1** Cholera due to vibrio cholerae el tor
- **001.9** Cholera, unspecified
- **460** Acute nasopharyngitis [common cold]

ICD-10-CM

- **A00.0** Cholera due to Vibrio cholerae 01, biovar cholerae
- **A00.1** Cholera due to Vibrio cholerae 01, biovar eltor
- **A00.9** Cholera, unspecified
- **J00** Acute nasopharyngitis [common cold]

Example ICD-9-CM (Pregnancy complicated by DM)

- **648.00** Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, **unspecified** as to episode of care or not applicable
- **648.01** Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, **delivered, with or without mention of antepartum condition**
- **648.02** Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, **delivered, with mention** of postpartum complication
- **648.03** Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, **antepartum condition or complication**



Example ICD-10-CM (Pregnancy complicated by DM)

024011 Pre-existing diabetes, type 1, in pregnancy, first trimester
024012 Pre-exist diabetes, type 1, in pregnancy, second trimester
024013 Pre-existing diabetes, type 1, in pregnancy, third trimester
024019 Pre-existing diabetes, type 1, in pregnancy, unsp trimester
02402 Pre-existing diabetes mellitus, type 1, in childbirth
02403 Pre-existing diabetes mellitus, type 1, in the puerperium
024111 Pre-existing diabetes, type 2, in pregnancy, first trimester
024112 Pre-exist diabetes, type 2, in pregnancy, second trimester
024113 Pre-existing diabetes, type 2, in pregnancy, third trimester
024119 Pre-existing diabetes, type 2, in pregnancy, unsp trimester
02412 Pre-existing diabetes mellitus, type 2, in childbirth
02413 Pre-existing diabetes mellitus, type 2, in the puerperium
024311 Unsp pre-existing diabetes in pregnancy, first trimester
024312 Unsp pre-existing diabetes in pregnancy, second trimester
024313 Unsp pre-existing diabetes in pregnancy, third trimester
024319 Unsp pre-existing diabetes in pregnancy, unsp trimester
02432 Unspecified pre-existing diabetes mellitus in childbirth
02433 Unspecified pre-existing diabetes mellitus in the puerperium

024410 Gestational diabetes mellitus in pregnancy, diet controlled
024414 Gestational diabetes in pregnancy, insulin controlled
024419 Gestational diabetes mellitus in pregnancy, unsp control
024420 Gestational diabetes mellitus in childbirth, diet controlled
024424 Gestational diabetes in childbirth, insulin controlled
024429 Gestational diabetes mellitus in childbirth, unsp control
024430 Gestational diabetes in the puerperium, diet controlled
024434 Gestational diabetes in the puerperium, insulin controlled
024439 Gestational diabetes in the puerperium, unsp control
024811 Oth pre-existing diabetes in pregnancy, first trimester
024812 Oth pre-existing diabetes in pregnancy, second trimester
024813 Oth pre-existing diabetes in pregnancy, third trimester
024819 Oth pre-existing diabetes in pregnancy, unsp trimester
02482 Other pre-existing diabetes mellitus in childbirth
02483 Other pre-existing diabetes mellitus in the puerperium
024911 Unspecified diabetes mellitus in pregnancy, first trimester
024912 Unspecified diabetes mellitus in pregnancy, second trimester

024913 Unspecified diabetes mellitus in pregnancy, third trimester

024919 Unsp diabetes mellitus in pregnancy, unspecified trimester

02492 Unspecified diabetes mellitus in childbirth

02493 Unspecified diabetes mellitus in the puerperium

ICD-9-CM Procedure

- 4 numbers with decimal before the 3rd number
- List of procedures started in the 1980s with all the extra open codes filled in until we have headings like “Procedures and Interventions, Not Elsewhere Classified” and “Other Miscellaneous Diagnostic and Therapeutic Procedures”

ICD-10-Procedure Coding System

- 7 alphanumeric with no decimal
- Numbering is like the room numbers at the Pentagon, 35241 and if you know the logic you can tell the floor/ring/corridor/room
- For instance, for medical surgical procedures you can tell body system/ operation/ body part/ approach/ device/ qualifier (e.g., biopsy or not)



Example ICD-9-CM Procedure and ICD-10-PCS (C-Sections)

- 74.0 Classical C-section
- 74.1 Low cervical C-section
- 74.2 Extraperitoneal C-section
- 74.3 Remove extratubal ectopic pregnancy
- 74.4 Cesarean section NEC
- 74.91 Hysterotomy to terminate pregnancy
- 74.99 Cesarean section NOS
-
- 10a00zz Abortion of products of conception, open approach
- 10a03zz Abortion of products of conception, percutaneous approach
- 10a04zz Abortion of products of conception, percutaneous endoscopic approach
- 10d00z0 Extraction of products of conception, classical, open approach
- 10d00z1 Extraction of products of conception, low cervical, open approach
- 10d00z2 Extraction of products of conception, extraperitoneal, open approach

- 3M classes—contact your coding POC for access to basic and advanced ICD-10 awareness training
- AHIMA and AAPC journals covering codes that are changing
- Some ICD-10-PCS books have multiple quizzes (very good ones) for each section
- Volunteer to do a forward map of a list of codes - use the index to code
- DoD Coding Guidelines being updated
- Coming soon: FY 14 TMA UBO Learning Center Webinars—check schedule on website at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm

- Easier to link all the encounters due to an injury
- Interface with Inpatient, Outpatient, Laboratory, Radiology, Pharmacy – CBER will send all encounters around the time of an injury

- No more anesthesia on the surgeon's record for the APV – anesthesia will be on its own record – with minutes of service
- Each procedure is its own record, for instance a DTaP vaccination will have 3 records
 - 90471 initial vaccination substance
 - 90472 each additional vaccination substance
 - 90700 DTaP for <7 yo, IM

Review



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